

Chas Edward Alexander

Town

County

Died at

North East

Ceil

MARYLAND

Date 1898

Month

Day

July

14

Y.

M.

D.

Age 1860, Dec. 26

Native of

Ceil Co

Occupation

Carpenter

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

5

Husband

of

Ida M. Alexander 22a

Father's

Name

James Alexander

Mother's

Name

Charlotta Alexander

Cause of

Primary

Phthisis Pulmonalis

How long sick

8 months

Death

Immediate

Pulmonary Hemorrhage

Age, Sex, & Residence

Reported by

George S. Pittmanhouse M.D.

Address

North East Md.



Name in Full

Certificate of Death

Lillie Barker
 Town County

Died at

Port Deposit

Cecil

MARYLAND

Date 1898

Month Day

July - 29

Y. M. D.

Age

0 4 19

Native of

Ind.

Occupation

~~Male~~

White

~~Married~~

~~Widow~~

~~Single~~

Female

~~Colored~~

Single

~~Widow~~

~~Number of children living~~

Husband

of

Wife

Father's

Name

John A. Barker

Mother's

Name

Annie Fitzgerald

Cause of

Primary

Dysentery

82

How long sick

18 days

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

S. G. Fisher

Ind.

Address

Port Deposit,

Cecil Co., Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, CHICAGO



Name in full

Certificate of Death

Ballie Clifton
 Town *near Carroll* County *Gea*

MARYLAND

Died at *8 July* Month *3* Day *17* Y. M. D. Native of *Gea* Occupation *Housewife*
 Date 189 *8* Male *White* Married *Widow* Divorced *Number of children living*
 Female *Colored* Single *Widower*

Husband of *George Clifton*
 Wife of *Thos. Allen* Father's Name *Thos. Allen* Mother's Name *Rachel Allen*

Cause of { Primary *Brain concussion* How long sick *2 days*
 Death { Immediate *Sept 15 20* Accident, ~~Suicide~~, ~~Homicide~~

Reported by *J. H. Hardcastle M. D.*
 Address *Gea* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1906



Name in Full

Certificate of Death

~~Thomas~~ Belle Etherington
 Town County

Died at near Cecilton, Cecil MARYLAND

Date 1898 July 5 Age 49. Y. M. D. Native of Cecilton Housewife Occupation
 Male White Married Widower Divorced
 Female Colored Single Widower Number of children living

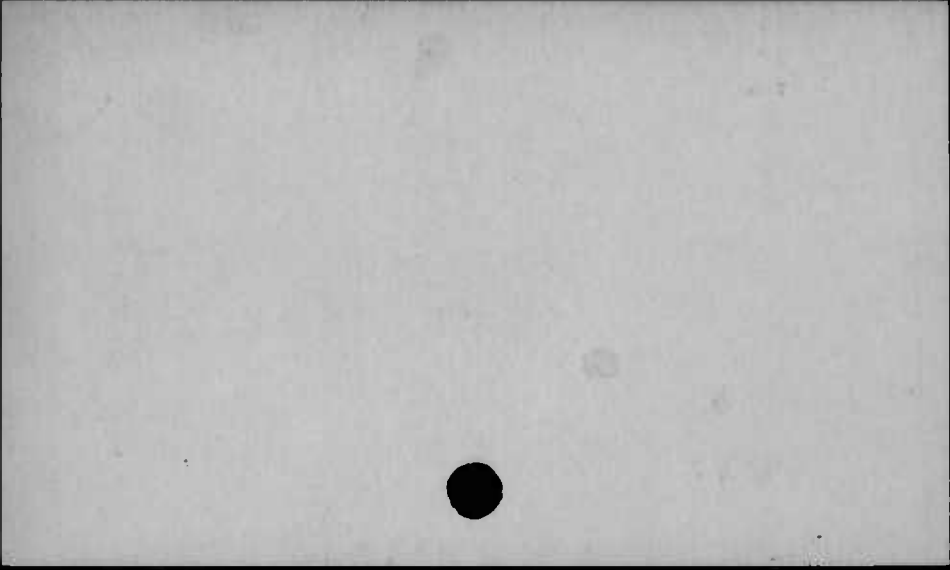
Husband of
 Wife
 Father's Name Saml Etherington Mother's Name Mary Etherington

Cause of Death { Primary Lightning 152a How long sick
 Immediate Curdles Accident, Suicide, Homicide

Reported by J. H. Hardcastle M. D.
 Address Cecilton Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FE060



Name in Full

John Correll

Certificate of Death

Died at		Town Blythedale		County Cecil		MARYLAND	
Date 1898		Month July	Day 26	Age 82	Y. Cecil Co	M. D.	Occupation Carpenter
Male		White		Married	Widow		Divorced
Female		Colored		Single	Widower		Number of children living 3
Husband of				Wife			
Father's Name				Mother's Name			
Cause of Death	Primary	Organic disease of heart				How long sick	
	Immediate	Apoplexy				Accident, Suicide, Homicide	
Reported by R. E. Brownell R. E.							
Address Park Deposit Md.							

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Died at

Date 1898

Male

Female

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Town

County

M.

D.

Native of

Occupation

Age

White

~~Marr~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~Mother's
Name

Primary

Immediate

How long sick

Accident, ~~Suicide~~, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Ada W. M. Canley
 Cherry Hill Cal MARYLAND
 July 29 Age 2 M. D. Native of Md Occupation
 Male White ~~Marr~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~
 Husband of
 Wife
 Father's Name Horlan M. Canley Mother's Name Josephine M. Canley
 Cause of Death { Primary Cholera 82 How long sick 9 days
 Immediate Exhaustion
 Reported by J. W. S. Whitaker
 Address Cherry Hill Md



Mrs. Mary McConnell

Town

County

Died at

Fair Hill Cecil

MARYLAND

Date 1898 8 July 9 9 3 8 Maryland House wife

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Jacob McConnell

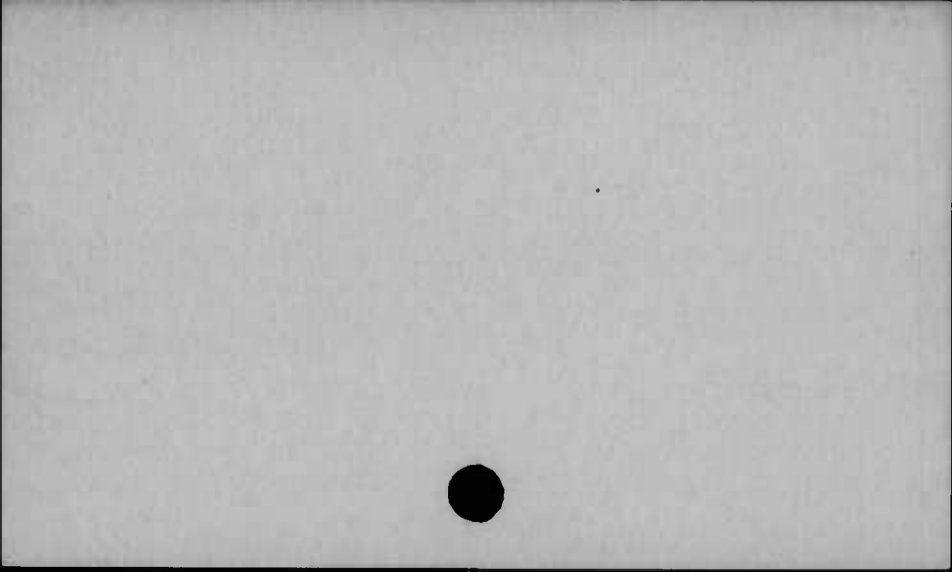
Wife

Father's Name William Armstrong Mother's Name Ann Armstrong

Cause of Death { Primary Organic Disease of Heart How long sick Two days

Death { Immediate " " " 3 Accident, Suicide, Homicide

Reported by David Mackey MDAddress Lewinville Pa



Andrew Jackson MacDy.

Died at Liberty Grove Town Crile County MARYLAND

Date 1898 July 6 Month Day Y. 72 M. 9 D. 3 Age Maryland Native of Shormaler Occupation
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 6

Husband of Mary T. MacDy.
 Wife

Father's Name Jacob MacDy Mother's Name Not Known

Cause of Death { Primary Diabetes Mellitus 28 How long sick 3 yrs.

Death { Immediate (Marasmus) ~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by E. S. Rowland

Address Liberty Grove Md.



Name in Full

Certificate of Death

Ida May Marcus
Town County

Died at

Elkton Cecil

MARYLAND

Date 189 8 July 19 Age 7 19 Native of U.S. Occupation None
Male White Married Widow Divorced
Female Colored Single Widower Never married

Husband of Jas. N. Marcus
Wife of Jas. N. Marcus
Father's Name Jas. N. Marcus Mother's Name Laura B. Marcus
Cause of Death { Primary Cholera infantum How long sick one day
Immediate Collapse Accident, Suicide, Homicide

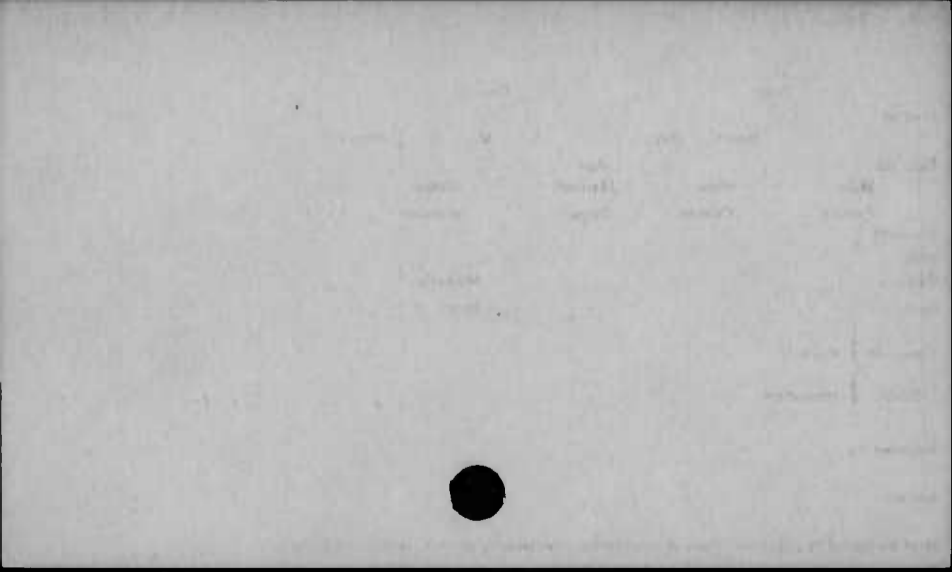
Reported by

J. W. Cropper, M.D.

Address

Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Rachel E Mechem

Town

County

Died at

James Woodrow Cecil Co 8th District

MARYLAND

Date 189

8

Month

Day

July 4

Y.

M.

D.

Age

70

Native of

Cecil Co Md

Occupation

none

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

Wife

Father's

Name

Cause of

Primary

Immediate

Death

How long sick - Cause

Atherosclerosis + val. dis of heart

Heart clt (?) no Post mortem

Came 3 weeks ago
Sick about 1 day
Accident Suicide Homicide

Reported by

S. T. Roman M.D. - 57

Address

Conowingo Cecil Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Joshua Miller
 Died at *New N. Conn* *Craig* MARYLAND
 Town County

Date 189*8* Month *July* Day *21* Y. *70* M. D. Native of *Maryland* Occupation *Woods chopper*
 Male *White* Married *Widow* Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of
~~Wife~~

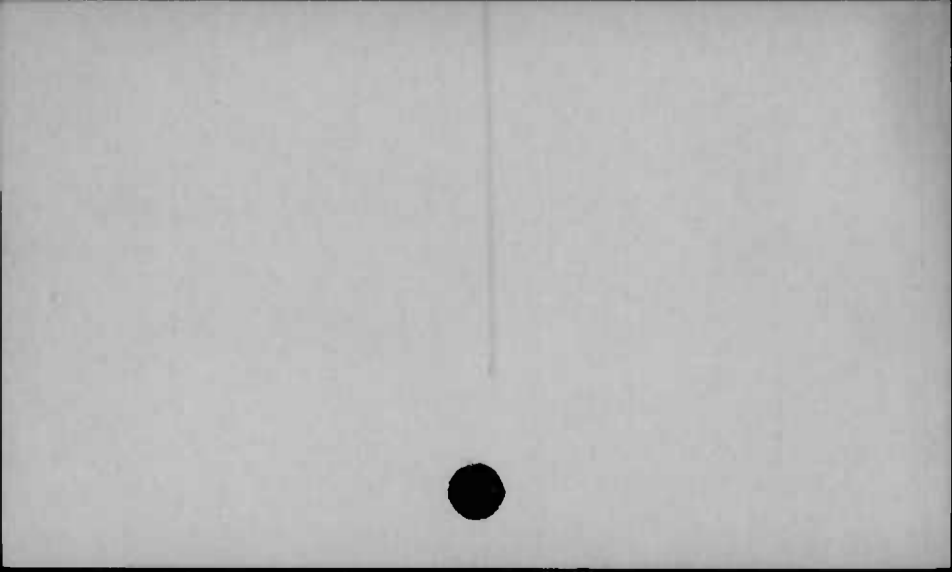
Father's Name *Connor Say* Mother's Name *Connor Say*

Cause of Death { Primary *Murdering* How long sick
 Immediate *Fractures Skull* Accident ~~Suicide~~ Homicide

Reported by *B. H. Hunsicker*
 Address *North Conn* *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

John Puttidge -

Died at

Ellen

County

Cecil Co -

MARYLAND

Date 189

8 July 22

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Md -

Gentleman

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~~~Number of children living~~

Husband

of

(Bachelor)

Wife

Father's

Name

James Puttidge

Mother's

Name

141

Cause of

Primary

Old age anasarca

How long sick

Death

Immediate

Heart failure. ^{dead in a} faint.~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

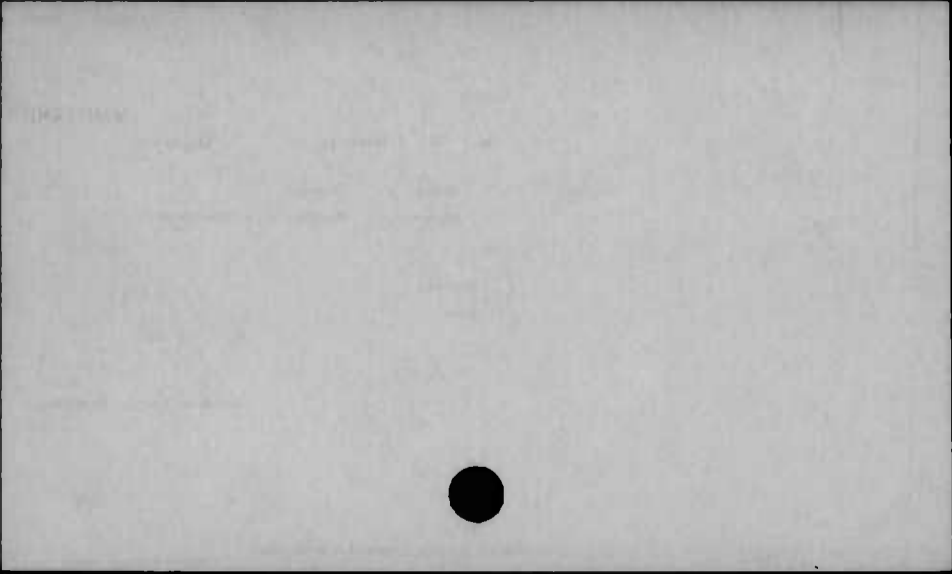
Dr Charles A. Ellis

Address

Ellen Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Elsie Purdy

Town

County

Died at

Elkton

Essex

MARYLAND

Date 189	8	Month	July	Day	7	Age	7	Y.	M.	D.	Native of	Ind	Occupation
Male		White		Married		Widow		Divorced					
Female		Colored		Single		Widower		Number of children living					

Husband
ofFather's
Name

Chas E. Purdy

Mother's
Name

Cora Purdy (Sartin)

Cause of

Primary

Pertussis, gastro-enteritis

How long sick

2 weeks

Death

Immediate

Exhaustion

7

Accident, Suicide, Homicide

Reported by

Howard Brumfield M.D.

Address

Elkton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Charles Phistuel

Town

County

Died at

North East

Cecil

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1898

8

July

26

Age

50

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Wife

Phistuel

Father's

Name

Carnot Day

Mother's

Name

Carnot Day

Cause of

Primary

Struck by Carriage

How long sick

lies on floor

Death

Immediate

Fractured Skull

Accident, Suicide, Homicide

Reported by

B. H. Hunsicker

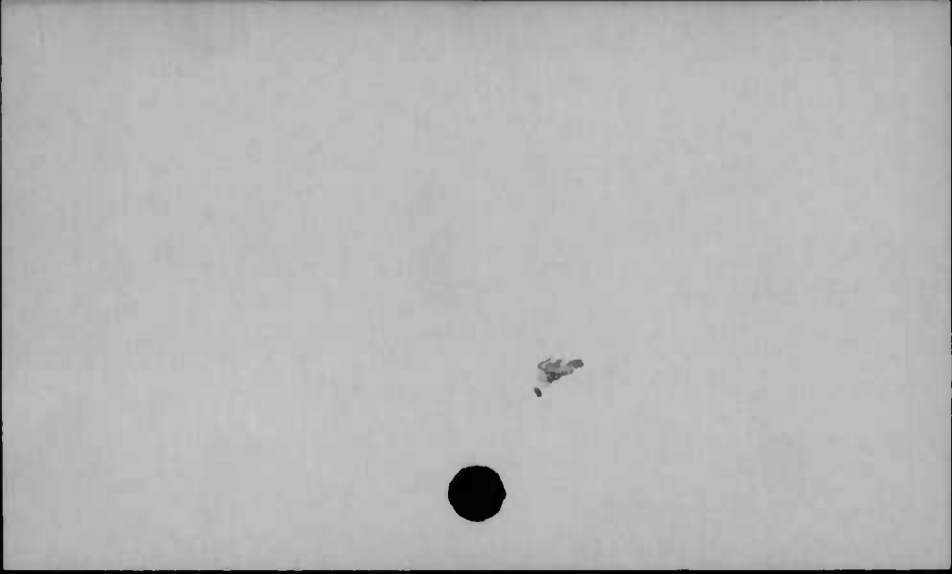
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Address

North East

Mayland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles E. Lueck
 Town County

Died at

Chesapeake City
 Month Day Y.

County

Calvert

MARYLAND

Date 1898

July 10

Age 19

W

D.

Native of

Occupation

Calvert Md Baker

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

Wife

Father's

Name

Mrs. A. Lueck

Mother's

Name

Susan E. Lueck

Cause of

Primary

Death

Immediate

Typhoid Fever

How long sick

41 days

Accident, Suicide, Homicide

Reported by

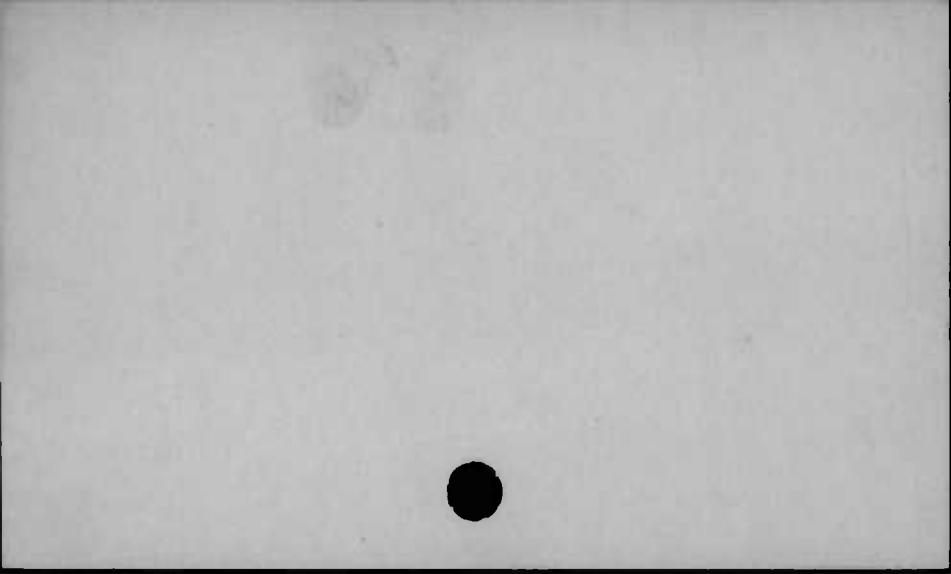
Wm. E. Karner

Address

Chesapeake City Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name in Full

Certificate of Death

Edward Rawlings

Died at

Eltun

Town

Cecil

County

MARYLAND

Date 189

8

Month

July

Day

2

Y

M.

D.

Native of

8-14

Penn-a-

Occupation

Infant-

Male

White

~~Married~~~~Widow~~~~Deceased~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~ of

Wife

Father's
Name

Edward Rawlings

Mother's
Name

Kellie Mahoney

Cause of

Primary

Artificial dent.

82

How long sick

5 days -

Death

Immediate

Summ. dismember

~~Accident, Suicide, Homicide~~

Reported by

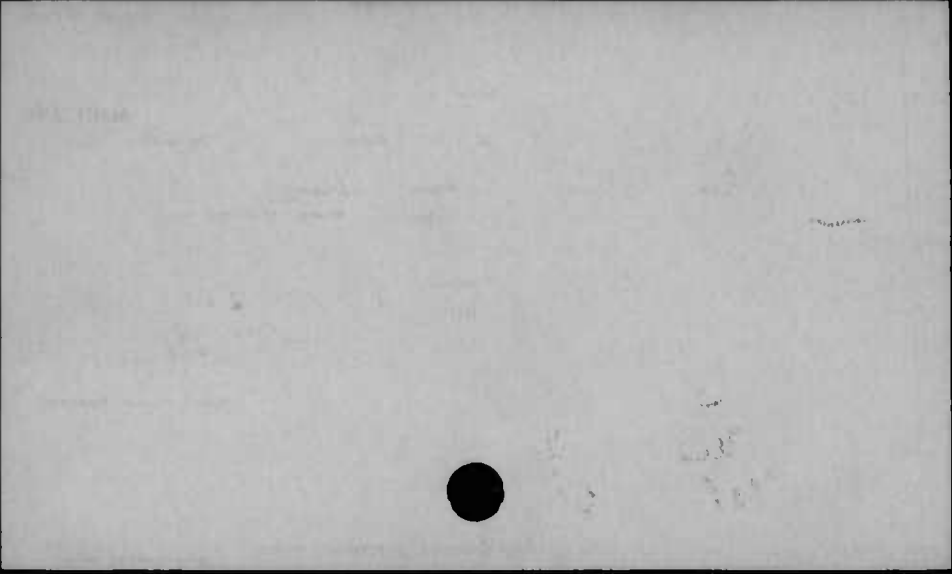
Dr. Charles McEllis -

Address

Eltun Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Thomas Rawlings (twin brother
of Edward R.

MARYLAND

Died at

Ellin Town

County

Cecil

Date 189

8

Month

July

Day

5

Y.

M.

D.

8 17

Native of

Penn.

Occupation

Infant

Male

~~Female~~

Married

~~Single~~~~Widow~~~~Divorced~~~~Number of children living~~~~Female~~~~Colored~~

Single

~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Edward Rawlings

Mother's

Mellie McHenry

Name

Name

Cause of

Primary

Artificial dent - 82

How long sick

3 days

Death

Immediate

Suicide - 82

~~Accident, Suicide, Homicide~~

Reported by

J. Charles McEllis

Address

Ellin Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

8

July

8th

83

Penna Carpenter

Male

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

9

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65969



Name in Full

Certificate of Death

Miss Lillian Viola Rock

Town

County

Died at

Cherry Hill

Cecil

MARYLAND

Date 189

8 July 16

Age

19 1 8

Native of

Maryland

Occupation

none

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~

of

~~Wife~~

Father's

Name

Frank Rock

Mother's

Name

Cause of

Primary

Phthisis Pulmonalis

How long sick

4 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

David Mackey M.D.

Address

Levinville

Chester Co. Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55988



Viola Louise Sikes

Town

Elkton

County

Brent

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

8

July 24

Age

9

-

U S

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

~~James O. Sikes~~

James O. Sikes

Katie P. Sikes

Cause of

Primary

Enteric Colitis

How long sick

21 days

Death

Immediate

Hydrocephaloid + Collapse

Accident, Suicide, Homicide

Reported by

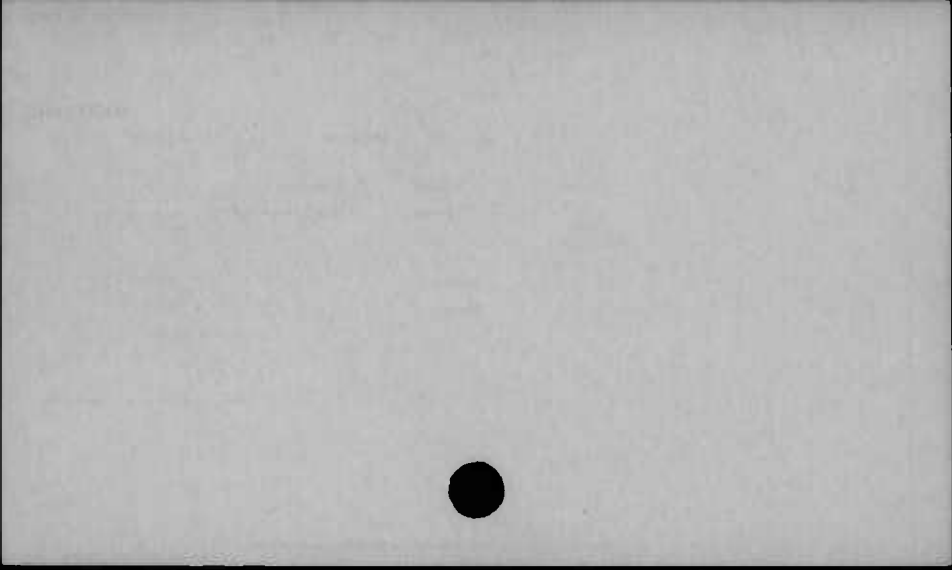
J. W. Cooper, M.D.

Address

Elkton

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William

Stewart

Town

Aurora

County

Acal

MARYLAND

Died at

Date 189

8

Month

July

Day

25

Age

Y.

52

M.

D.

Native of

Maryland

Occupation

Laborer

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

~~Number of children~~ living

Husband

of

Wife

Father's

Name

Stewart

Mother's

Name

Lawson

Cause of

Primary

Dysentery 54

How long sick

7 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

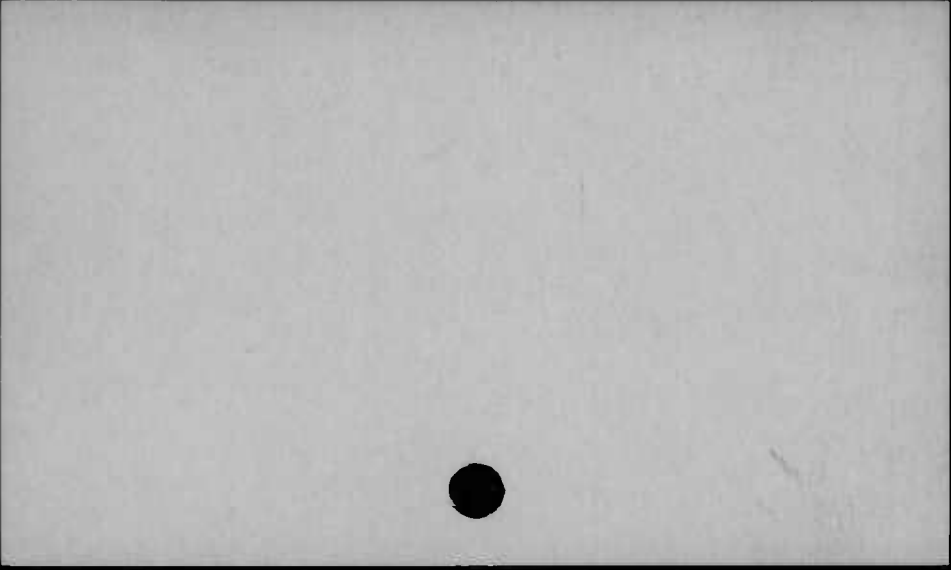
Jas S. Bhusan

Address

Cherry Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Edward. W Whitlock

Town

County

Died at

MARYLAND

Date 189 July Month 17 Day 17 Y. 61 M. 8 D. 15 Native of U.S. Md Occupation Farmer
 Male White Married Widow ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Sarah May
 Wife
 Father's Name James H. Whitlock

Mother's Name Susan Price

Cause of Death { Primary Result of Congestive fever How long sick 10 days
 Immediate 19 ~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by Dr. J. V. Wallace Had been attended by a
a Gen. Co. M. & was brother home - dying when
 Address Chesapeake City, Md I saw him
over

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Whist upon a temporary visit to Kent Co Md
he had a congestive chill, & was attended
by Dr. Latimer, after some ten days he was
sent to his home at Town Point - Twenty five
hours after he reached home, I was sent for
to see him - found him in articulo mortis;
he dying in a few hours after I left him -

This account was given
by his wife - as he
was unable to speak
when I saw him

J. V. Wallace M.D.